

Organization Name	Plan Name	Contract ID	Plan ID	Organization Type	Auto-enrollment	National PDP	Part D Basic Premium ⁴	Part D Supplemental Premium ⁵	Part D Total Premium ⁶	Part D Premium Obligation with Full Premium Assistance	Part D Premium Obligation with 75% Premium Assistance	Part D Premium Obligation with 50% Premium Assistance	Part D Premium Obligation with 25% Premium Assistance	Part D Drug Deductible	Increased Initial Coverage Limit ⁷	Extra Coverage in Gap
Aetna Medicare	Aetna Medicare Rx Essentials	S5810	042	PDP		Yes	\$37.24	\$0.00	\$37.24	\$0.94	\$10.01	\$19.09	\$28.16	\$250		
Aetna Medicare	Aetna Medicare Rx Plus	S5810	144	PDP		Yes	\$37.34	\$11.11	\$48.45	\$12.15	\$21.22	\$30.30	\$39.37	\$0		•
Aetna Medicare	Aetna Medicare Rx Premier	S5810	178	PDP		Yes	\$37.75	\$26.73	\$64.48	\$28.18	\$37.25	\$46.33	\$55.40	\$0		•
Blue Cross Blue Shield of North Carolina	Medicare Prescription Drug Plan - Plus	S5540	004	PDP			\$51.12	\$8.48	\$59.60	\$23.30	\$32.37	\$41.45	\$50.52	\$0		•
Blue Cross Blue Shield of North Carolina	Medicare Prescription Drug Plan - Standard	S5540	002	PDP			\$52.03	\$0.00	\$52.03	\$15.73	\$24.80	\$33.88	\$42.95	\$250		
CIGNA HealthCare	CIGNATURE Rx Complete Plan	S5617	178	PDP		Yes	\$37.72	\$10.97	\$48.69	\$12.39	\$21.46	\$30.54	\$39.61	\$0		•
CIGNA HealthCare	CIGNATURE Rx Plus Plan	S5617	040	PDP		Yes	\$37.17	\$3.48	\$40.65	\$4.35	\$13.42	\$22.50	\$31.57	\$0		
CIGNA HealthCare	CIGNATURE Rx Value Plan	S5617	038	PDP	Yes	Yes	\$35.53	\$0.00	\$35.53	\$0.00	\$8.88	\$17.76	\$26.65	\$250		
Coventry AdvantraRx	AdvantraRx Premier	S5670	046	PDP		Yes	\$32.15	\$1.80	\$33.95	\$1.80	\$9.84	\$17.87	\$25.91	\$0		
Coventry AdvantraRx	AdvantraRx Premier Plus	S5670	048	PDP		Yes	\$46.62	\$0.00	\$46.62	\$10.32	\$19.39	\$28.47	\$37.54	\$0		

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Coventry AdvantraRx	AdvantraRx Value	S5670	045	PDP		Yes	\$20.96	\$2.27	\$23.23	\$2.27	\$7.51	\$12.75	\$17.99	\$0		
Humana Inc.	Humana PDP Complete S5884-036	S5884	036	PDP			\$13.27	\$51.76	\$65.03	\$51.76	\$55.08	\$58.39	\$61.71	\$0	•	•
Humana Inc.	Humana PDP Enhanced S5884-007	S5884	007	PDP			\$10.41	\$7.64	\$18.05	\$7.64	\$10.24	\$12.84	\$15.45	\$0		
Humana Inc.	Humana PDP Standard S5884-066	S5884	066	PDP	Yes		\$13.27	\$0.00	\$13.27	\$0.00	\$3.32	\$6.63	\$9.95	\$250		
Medco Health Solutions, Inc.	YOURx PLAN	S5660	007	PDP	Yes	Yes	\$34.32	\$0.00	\$34.32	\$0.00	\$8.58	\$17.16	\$25.74	\$250		
MEMBERHEALTH	Community Care Rx BASIC	S5803	077	PDP	Yes	Yes	\$32.24	\$0.00	\$32.24	\$0.00	\$8.06	\$16.12	\$24.18	\$250		
MEMBERHEALTH	Community Care Rx CHOICE	S5803	145	PDP		Yes	\$40.34	\$0.00	\$40.34	\$4.04	\$13.11	\$22.19	\$31.26	\$250		
MEMBERHEALTH	Community Care Rx GOLD	S5803	111	PDP		Yes	\$41.10	\$3.16	\$44.26	\$7.96	\$17.03	\$26.11	\$35.18	\$100		
PacifiCare Life and Health Insurance Company	PacifiCare Comprehensive Plan	S5921	113	PDP		Yes	\$42.64	\$10.04	\$52.68	\$16.38	\$25.45	\$34.53	\$43.60	\$0		•

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PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	S5921	112	PDP	Yes	Yes	\$31.56	\$0.00	\$31.56	\$0.00	\$7.89	\$15.78	\$23.67	\$0		
PacifiCare Life and Health Insurance Company	PacifiCare Select Plan	S5921	111	PDP		Yes	\$47.10	\$0.00	\$47.10	\$10.80	\$19.87	\$28.95	\$38.02	\$0		
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 8	S5597	073	PDP	Yes		\$32.19	\$0.00	\$32.19	\$0.00	\$8.05	\$16.09	\$24.14	\$250		
Pennsylvania Life Insurance Company	Prescription Pathway Gold Plan Reg 8	S5597	040	PDP			\$46.23	\$6.31	\$52.54	\$16.24	\$25.31	\$34.39	\$43.46	\$0		
Pennsylvania Life Insurance Company	Prescription Pathway Silver Plan Reg 8	S5597	172	PDP			\$41.50	\$0.00	\$41.50	\$5.20	\$14.27	\$23.35	\$32.42	\$250		
RxAmerica	Advantage Freedom Plan	S5644	053	PDP	Yes		\$34.95	\$0.00	\$34.95	\$0.00	\$8.74	\$17.47	\$26.21	\$250		
RxAmerica	Advantage Star Plan	S5644	074	PDP	Yes		\$32.27	\$0.00	\$32.27	\$0.00	\$8.07	\$16.13	\$24.20	\$250		
SilverScript	SilverScript	S5601	016	PDP	Yes	Yes	\$30.90	\$0.00	\$30.90	\$0.00	\$7.72	\$15.45	\$23.17	\$250		
SilverScript	SilverScript Plus	S5601	017	PDP		Yes	\$59.71	\$0.00	\$59.71	\$23.41	\$32.48	\$41.56	\$50.63	\$100		
Sterling Prescription Drug Plan	Sterling Prescription Drug Plan	S4802	005	PDP			\$60.04	\$0.00	\$60.04	\$23.74	\$32.81	\$41.89	\$50.96	\$100		

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Unicare	Medicare RX Rewards	S5960	008	PDP	Yes	Yes	\$31.30	\$0.00	\$31.30	\$0.00	\$7.82	\$15.65	\$23.47	\$250		
Unicare	Medicare RX Rewards Plus	S5960	044	PDP		Yes	\$35.11	\$3.62	\$38.73	\$3.62	\$12.40	\$21.17	\$29.95	\$0		
Unicare	Medicare RX Rewards Premier	S5960	078	PDP		Yes	\$40.72	\$10.95	\$51.67	\$15.37	\$24.44	\$33.52	\$42.59	\$0		•
United American Insurance Company	UA Medicare Part D Prescription Drug Cov	S5755	011	PDP			\$38.59	\$0.00	\$38.59	\$2.29	\$11.36	\$20.44	\$29.51	\$0		
United Healthcare	AARP MedicareRx Plan	S5820	007	PDP	Yes	Yes	\$28.27	\$0.00	\$28.27	\$0.00	\$7.07	\$14.13	\$21.20	\$0		
United Healthcare	United Medicare MedAdvance	S5820	111	PDP	Yes	Yes	\$31.53	\$0.00	\$31.53	\$0.00	\$7.88	\$15.76	\$23.65	\$0		
WellCare	WellCare Complete	S5967	076	PDP		Yes	\$25.83	\$19.39	\$45.22	\$19.39	\$25.85	\$32.30	\$38.76	\$0		
WellCare	WellCare Premier	S5967	111	PDP		Yes	\$28.70	\$20.29	\$48.99	\$20.29	\$27.46	\$34.64	\$41.81	\$0		
WellCare	WellCare Signature	S5967	042	PDP	Yes	Yes	\$24.87	\$0.00	\$24.87	\$0.00	\$6.22	\$12.43	\$18.65	\$0		

Important Notes:

1. This file includes contracts/plans approved as of October 23, 2005. The data does not reflect information for Employer sponsored plans, plans not offering a Part D drug benefit (Medicare Advantage only plans, HCCP Cost plans, etc.), or plans that were not approved by the 'As of' date of the chart.
2. **Part D Payment Reinsurance Demo:** The Part D Payment Demonstration reduces identified disincentives for providing enhanced alternative coverage. Enhanced alternative coverage includes supplemental benefits such as eliminating the deductible or filling in part of the coverage gap. For more detailed information see:
<http://www.cms.hhs.gov/pdps/PartDpymntdemo.pdf>
3. **Part C Premium:** The Part C premium for Medicare Advantage Plans, Cost Plans, and Demonstrations covers Medicare medical and hospital benefits, and supplemental benefits, where offered. Beneficiaries generally are also responsible for the Part B premium.
4. **Part D Basic Premium:** The Part D Basic Premium covers the basic prescription benefit only and does not cover enhanced drug benefits, medical benefits, or hospital benefits. Note: the Part D Basic Premium is net of any Part A/B rebates applied to "buy down" the drug premium for Medicare Advantage plans. Beneficiaries are also responsible for their Part B premium and any premiums for Medigap coverage to meet their individual needs.
5. **Part D Supplemental Premium:** The Part D Supplemental Premium covers any enhanced benefits that may be offered by a plan above and beyond the basic (standard) Part D benefit. These benefits may include extra coverage in the coverage gap, lower copayments than the standard benefit, coverage of non-Part D drugs (e.g. benzodiazepines), etc. Note: the Part D Supplemental Premium is net of any Part A/B rebates applied to "buy down" the drug premium for Medicare Advantage plans.
6. **Part D Total Premium:** The Part D Total Premium is the sum of the Basic and Supplemental Premiums. Note: the Part D Total Premium is net of any Part A/B rebates applied to "buy down" the drug premium for Medicare Advantage plans; for some plans the total premium may be lower than the sum of the basic and supplemental premiums due to negative basic or supplemental premiums (which are displayed as \$0.00).
7. **Increased Initial Coverage Limit:** The Increased Initial Coverage Limit column specifies (with a dot) any plans that have increased (from the standard \$2,250) or eliminated the initial coverage limit applicable to Part D drugs.